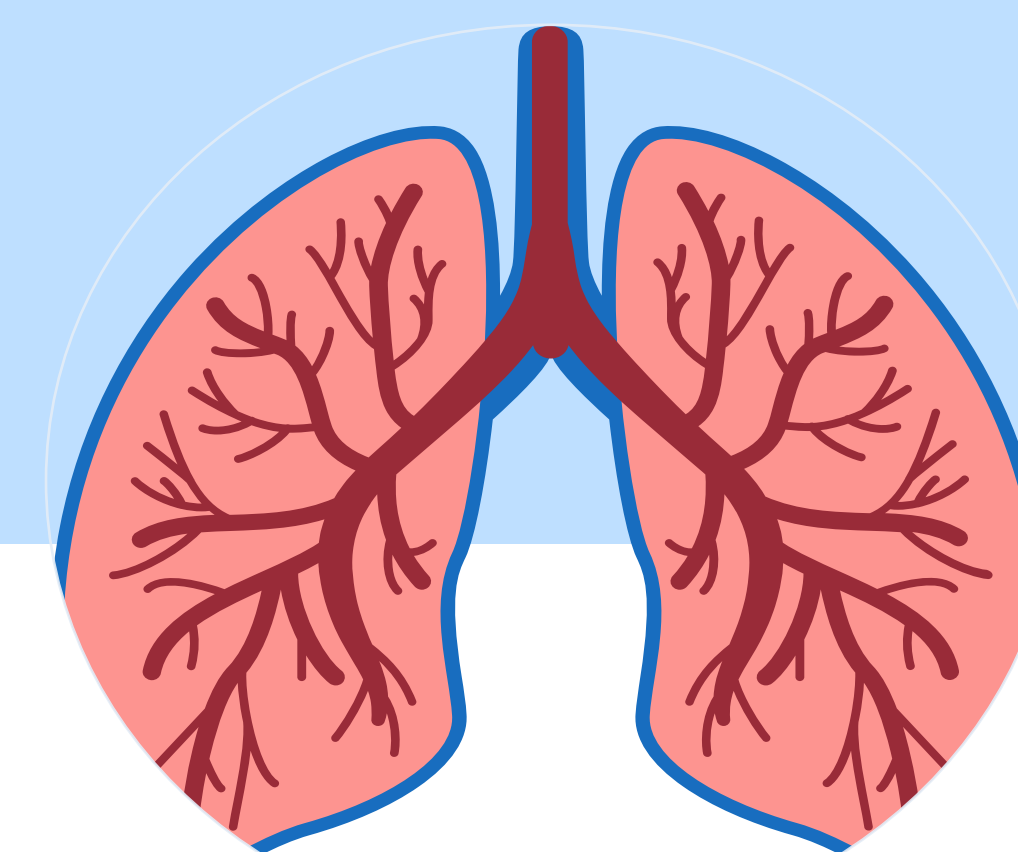


NURSE-LED MODELS ENHANCING OUTPATIENT FLOW: CNC COPD CLINIC & CN ASTHMA CLINIC

This project aimed to improve patient access to specialist respiratory outpatient care by optimising the nursing workforce to work to top of scope through the implementation of collaborative nurse-led clinics. By redesigning care pathways for COPD and severe asthma patients, the service reduced outpatient waitlist pressure, improved multidisciplinary coordination, and increased overall service capacity without additional medical resources.



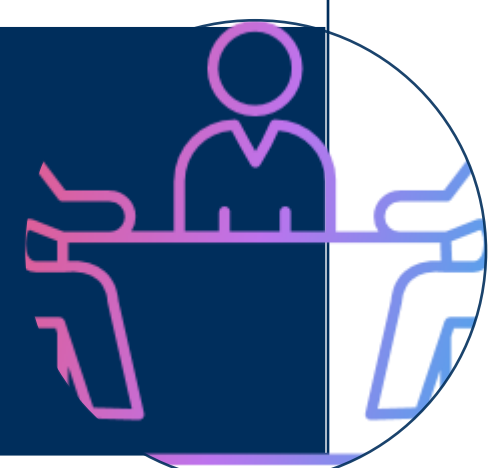
**175 CLINICAL HOURS
REDIRECTED FROM
CONSULTANTS TO CNC/CN**



Toowoomba Respiratory Outpatient Service experienced a sevenfold increase in demand over nine years, resulting in growing waitlists and access challenges. In response, the service was redesigned to include condition-specific and nurse-led clinics for high-demand COPD and severe asthma cohorts, improving timely access to specialist respiratory care.

- Reviewed referral data to identify high-volume COPD and severe asthma cohorts
- Identified impact of these cohorts on outpatient waitlists and consultant demand
- Designed structured nurse-led pathways (CNC and CN models)
- Established Airways MDTM for governance and oversight
- Defined escalation processes and shared decision-making frameworks for nurse-managed patients

PLAN



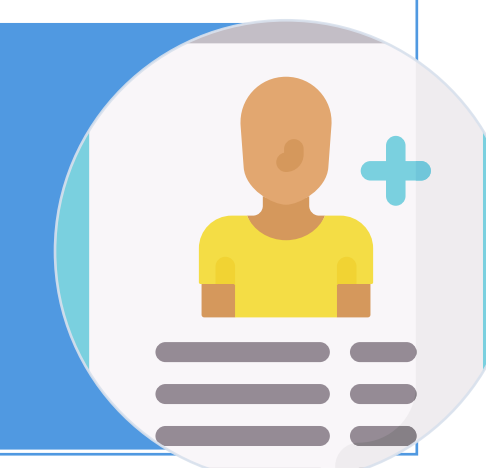
- Streamed new COPD referrals from outpatient waitlist to CNC-led clinic
- Re-allocated asthma biologic review patients from consultant-led to CN-led clinic
- Implemented and refined structured assessment tools over 12 months
- Integrated real-time PBS prescribing within MDTM
- Established co-signed GP communication to ensure continuity of care with the responsible nurse and relevant MDTM consultant.

DO



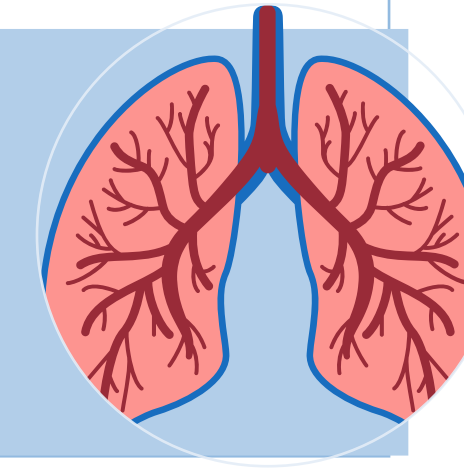
- **2025 Outcomes:**
- 131 new COPD patients managed in CNC clinic
- 88 asthma review patients managed in CN clinic
- **Impact:**
- Safe removal of high-volume cohorts from respiratory outpatient waitlist
- Reduced demand on consultant outpatient appointments
- Improved patient flow and timely access to care
- Redirected 175 clinical hours from Respiratory Physician to CNC and CN to higher-acuity needs.

STUDY



- Sustained implementation of nurse-led COPD (CNC) and asthma (CN) clinics
- Continued integration with and support of streamlined medical specialty clinics
- Improved overall service efficiency and patient flow
- Optimised nursing scope of practice within outpatient services
- Enhanced alignment of care delivery with patient complexity and clinical need

ACT



KEY LEARNINGS

- Nurse-led models can safely manage high-volume chronic respiratory cohorts when supported by MDT governance
- Data-driven cohort identification is critical to successful service redesign
- Embedding MDTM supports clinical safety, prescribing, and escalation pathways
- Co-designed pathways with medical teams improve acceptance and sustainability
- Optimising scope of practice can significantly increase service capacity without additional FTE
- Change management (engagement, communication, visibility of outcomes) is essential for success

FUTURE DIRECTIONS

- Expand nurse-led and allied health models to additional respiratory cohorts (e.g., bronchiectasis, nodule, chronic cough)
- Develop formal evaluation framework (patient outcomes, ED presentations, admission rates)
- Introduce patient-reported outcome measures (PROMs) and experience measures (PREMs)
- Formalise training and credentialing pathways for CN/CNC roles
- Strengthen primary care integration (GP education, shared care pathways)

**131 NEW
PATIENTS SEEN
OFF
RESPIRATORY
OUTPATIENTS
WAITING LIST**

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